

ENDORSEE SELF TERMINATION NOTICE

LIC 411-8B (Rev 9/2008)

State of California
Department of Insurance
Mailing Address
PO Box 1139
Sacramento CA 95812-1139
(916) 322-3555 or (800) 967-9331
www.insurance.ca.gov

Pursuant to Section 1627 of the California Insurance Code

To: The Insurance Commissioner of the State of California.

Notice is hereby given that effective from the date of filing this notice, I, as the employee, hereby terminate my endorsement made with the Business Entity named below.

- | | |
|--|---|
| <input type="checkbox"/> Fire/Casualty Broker-Agent (FX) | <input type="checkbox"/> Life-Only Agent (LO)* |
| <input type="checkbox"/> Limited Lines Automobile Insurance Agent (AU) | <input type="checkbox"/> Accident and Health Agent (AH)* |
| <input type="checkbox"/> Personal Lines Broker-Agent (PL) | <input type="checkbox"/> Motor Club Agent (MC) |
| <input type="checkbox"/> Life-Only Limited to Funeral & Burial Expenses (LOLP) | <input type="checkbox"/> Life and Disability Analyst (LA) |
| <input type="checkbox"/> Surplus Lines and/or Special Surplus Lines Broker (SL/SP) | <input type="checkbox"/> Cargo's Shipper Agent (CS) |
| <input type="checkbox"/> Credit Insurance Agent (CI) (no fee) | |

\$24 filing fee for each license type checked.

* If terminating both Life-Only Agent and Accident and Health Agent submit one filing fee.

BUSINESS ENTITY	ENDORSEE
Business Entity's license number:	Endorsee's license number:
Business entity's name:	Endorsee's name:
Street address:	Street address:
City:	City:
State:	State:
Zip Code:	Zip Code:
► Endorsee's signature	Date
E-mail	Telephone number ()